

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning 2002, and ending

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tionsCANCER FUND OF AMERICA, INC
2223 N. 56TH STREET
MESA, AZ 85215

D Employer Identification Number

58-1766061

E Telephone number

480-654-4715

F Accounting method

☐ Cash ☒ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If Yes, enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If No, attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit GEN ▶

M Check ☐ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site ▶ N/A

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 19,412,316

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions)

1	Contributions, gifts, grants, and similar amounts received		
a	Direct public support	1a	19,245,504
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 16,291,957, noncash \$ 2,953,547.)	1d	19,245,504
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe)	7	
8a	Gross amount from sales of assets other than inventory	8a	
b	Less: cost or other basis and sales expenses	8b	
c	Gain or (loss) (attach schedule)	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
9	Special events and activities (attach schedule)		
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	166,812
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	19,412,316.
13	Program services (from line 44, column (B))	13	4,482,040
14	Management and general (from line 44, column (C))	14	525,644
15	Fundraising (from line 44, column (D))	15	14,170,536.
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	19,178,220
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	234,096
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,964,723
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,198,819

RECEIVED

OCT 06 2003

OGDEN (A) SECURITIES

RS-OSC

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 48,667 non cash \$)	22	48,667	48,667		
23 Specific assistance to individuals (att sch)	23	2,956,121	2,956,121		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	310,801	156,083	68,513	86,205
26 Other salaries and wages	26	662,648	515,207	83,345	64,096
27 Pension plan contributions	27				
28 Other employee benefits	28	189,061	130,376	29,494	29,191
29 Payroll taxes	29	90,798	62,615	14,164	14,019
30 Professional fundraising fees	30	9,257,129			9,257,129
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	29,544	20,374	4,609	4,561
34 Telephone	34	51,987	40,581	9,358	2,048
35 Postage and shipping	35	980,335	267,436	16,763	696,136
36 Occupancy	36	60,629	58,109	1,680	840
37 Equipment rental and maintenance	37				
38 Printing and publications	38	405,124	3,484	7,576	394,064
39 Travel	39				
40 Conferences, conventions, and meetings	40	122,443	66,915	55,528	
41 Interest	41	58,252		58,252	
42 Depreciation, depletion, etc (attach schedule)	42	83,764	65,386	12,699	5,679
43 Other expenses not covered above (itemize)					
a See Statement 1	43a	3,870,917	90,686	163,663	3,616,568
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	19,178,220	4,482,040	525,644	14,170,536

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to program services \$, (iii) the amount allocated to management and general \$, and (iv) the amount allocated to fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☒ See Statement 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

a Patient services - financial and other assistance to cancer patients and their caregivers (Grants and allocations \$)	3,175,356
b Community services - financial and other assistance to community organizations that provide services to ill and needy individuals (Grants and allocations \$)	1,152,083
c Public Health Education - Distribution of educational materials via direct mail and personal volunteers (Grants and allocations \$)	154,601
d	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	4,482,040

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year		
ASSETS	45 Cash — non interest bearing	161,279	45	201,166.		
	46 Savings and temporary cash investments		46			
	47 a Accounts receivable	47 a				
	b Less allowance for doubtful accounts	47 b		47 c		
	48 a Pledges receivable	48 a	651,013.			
	b Less allowance for doubtful accounts	48 b	25,000	708,549.	48 c	626,013
	49 Grants receivable			49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	See Stm 3		50	360,405.	
	51 a Other notes & loans receivable (attach sch) See St 4	51 a	3,039.			
	b Less allowance for doubtful accounts	51 b		51 c	3,039.	
	52 Inventories for sale or use		3,074,155.	52	3,194,375.	
	53 Prepaid expenses and deferred charges		7,645.	53	10,987.	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a Investments — land, buildings, & equipment basis	55 a				
	b Less accumulated depreciation (attach schedule)	55 b		55 c		
56 Investments — other (attach schedule)			56			
57 a Land, buildings, and equipment basis	57 a	1,607,313.				
b Less accumulated depreciation (attach schedule) Statement 5	57 b	353,241.	767,746.	57 c	1,254,072.	
58 Other assets (describe ► See Statement 6)		559,940.	58	203,007.		
59 Total assets (add lines 45 through 58) (must equal line 74)		5,279,314.	59	5,853,064		
LIABILITIES	60 Accounts payable and accrued expenses	611,979.	60	627,651.		
	61 Grants payable	90,000	61	90,000.		
	62 Deferred revenue		62			
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63			
	64 a Tax-exempt bond liabilities (attach schedule)		64 a			
	b Mortgages and other notes payable (attach schedule) See Statement 7	432,234	64 b	912,280		
	65 Other liabilities (describe ► See Statement 8)	180,378.	65	24,314.		
66 Total liabilities (add lines 60 through 65)	1,314,591	66	1,654,245.			
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted	3,964,723	67	4,198,819		
	68 Temporarily restricted		68			
	69 Permanently restricted		69			
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds		70			
	71 Paid in or capital surplus, or land, building, and equipment fund		71			
	72 Retained earnings, endowment, accumulated income, or other funds		72			
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,964,723	73	4,198,819.		
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	5,279,314	74	5,853,064.		

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
------------------	---

a	Total revenue, gains, and other support per audited financial statements	a	19,412,316	a	Total expenses and losses per audited financial statements	a	19,178,220.
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	19,412,316.	c	Line a minus line b	c	19,178,220
d	Amounts included on line 12, Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	19,412,316	e	Total expenses per line 17, Form 990 (line c plus line d)	e	19,178,220

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
---------------	--

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7 ----- ----- -----		310,800.	0.	0.
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If 'Yes,' attach schedule — see instructions

► ☐ Yes

☒ No

Part VI Other Information (See instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
80b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b Did the organization make only in house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <u>Arizona</u>		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	27
91 The books are in care of <u>KYLE EFFLER</u> Telephone number <u>480-654-4715</u> Located at <u>2223 N. 56TH STREET, MESA, AZ</u> ZIP + 4 <u>85215</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b List rental income			13	157,436.	
c Miscellaneous income			25	9,376.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				166,812.	
105 Total (add line 104, columns (B), (D), and (E))					166,812

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No**Note** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

9-29-03

D L D S

President

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under
Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2002

Name of the organization

CANCER FUND OF AMERICA, INC.

Employer identification number

58-1766061**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Kyle Effler</u> 2120 S Raven, Mesa, AZ 85208	Controller 40	75,150.	0.	0.
<u>James Reynolds Jr</u> 10506 E Obispo Rd, Mesa AZ 85212	40	65,303	0	0
<u>Brian Morse</u> 5932 E Ingram St, Mesa, AZ 85205	40	62,553.	0	0
<u>Bruce O'Neill</u> 932 St Johns Drive, MaryvilleTN	40	60,500	0	0.
<u>Peggy Lewis</u> 2223 N 56th St, Mesa, Az 85215	40	56,615	0	0.
Total number of other employees paid over \$50,000 ▶	2			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>Civic Development Group</u> 425 Raritan Center Parkway, Edison NJ 08837	Telemarketing	3,110,007.
<u>Associated Community Services</u> 24681 Northwestern Highway, Southfield, MI 4	Telemarketing	1,690,813
<u>Organizational Development</u> 5311 Lake Worth Rd, Lake Worth Fl 33463	Telemarketing	1,872,939
<u>Preferred Community Services</u> 5656 W. 74th St, Indianapolis, IN 46278	Telemarketing	1,567,538.
<u>DayCom</u> 22 NE 52 Hwy, Clinton, MP 65734	Telemarketing	329,298
Total number of others receiving over \$50,000 for professional services ▶	4	

Part III Statements About Activities (See instructions)

- | | | Yes | No |
|--|----|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>N/A</u>
(Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B) | 1 | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking "Yes," must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | | |
| a Sale, exchange, or leasing of property? | 2a | | X |
| b Lending of money or other extension of credit? | 2b | | X |
| c Furnishing of goods, services, or facilities? | 2c | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | | X |
| e Transfer of any part of its income or assets? | 2e | | X |
| See Statement 8 | | | |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.) | 3 | | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | 4 | | X |

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☒ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV A.)
- 12 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	17,684,470.	14,898,370	15,410,338.	14,629,671.	62,622,849
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,038	12,232	4,641.	1,574.	22,485
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 9	138,640.	130,208	258,659	98,140.	625,647.
23 Total of lines 15 through 22	17,827,148.	15,040,810	15,673,638	14,729,385	63,270,981.
24 Line 23 minus line 17	17,827,148	15,040,810	15,673,638	14,729,385.	63,270,981
25 Enter 1% of line 23	178,271.	150,408	156,736	147,294.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 1,265,420.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 63,270,981.
d Add: Amounts from column (e) for lines 18 22,485 19 26b		22,485			26d 648,132.
		625,647			26e 62,622,849.
e Public support (line 26c minus line 26d total)					26f 98.98 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) 0. (2000) 0. (1999) 0. (1998) 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) 0. (2000) 0. (1999) 0. (1998) 0.					
c Add: Amounts from column (e) for lines 15 62,622,849 16 17 0 20 and line 27b total 0.					27c 62,622,849
d Add: Line 27a total 0 and line 27b total 0.					27d 0
e Public support (line 27c total minus line 27d total)					27e 62,622,849
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 63,270,981.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.98 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.04 %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	
Caution If there is an amount on either line 43 or line 44, you must file Form 4720		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAA

Schedule A (Form 990 or 990-EZ) 2002

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)▶ See separate instructions
▶ Attach to your tax return

OMB No 1545-0172

2002**67**

Name(s) shown on return

CANCER FUND OF AMERICA, INC

Identifying number

58-1766061

Business or activity to which this form relates

Form **990/990-PF****Part I Election To Expense Certain Tangible Property Under Section 179****Note** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0 If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

Note Do not use Part II or Part III below for listed property Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	78,764

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
	8/19/02	400,000	30	MM	S/L	5,000.

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40 year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	83,764.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A – Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

24a Do you have evidence to support the business/investment use claimed?					Yes <input type="checkbox"/> No <input type="checkbox"/>		24b If "Yes," is the evidence written?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use (see instructions)											
27 Property used 50% or less in a qualified business use (see instructions)											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles – see instructions)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (see instructions)		
Note If your answer to 37, 38, 39, 40, or 41 is 'Yes' do not complete Section B for the covered vehicles		

Part VI**Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year (see instructions)					
43 Amortization of costs that began before your 2002 tax year					
44 Total. Add amounts in column (f). See instructions for where to report					44

Client 1150

CANCER FUND OF AMERICA, INC.

58-1766061

9/04/03

07 39AM

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	1,615,970.			1,615,970.
Automobile lease	415.	282.	120.	13
Bank charges	39,641		39,641.	
Data processing	208,047		6,117	201,930
Direct mail consultant	220,257.			220,257.
Dues & subscriptions	3,248	1,052.	2,196.	
Insurance	48,333	39,324.	6,172	2,837.
List rentals	226,767			226,767
Loss on disposal of assets	20,051		20,051	
Mailing services	147,475		67,735	79,740.
Miscellaneous	45,193.	31,165.	7,050	6,978.
Processing Center Fees	1,261,219			1,261,219.
Repairs & maintenance	27,736.	18,863.	8,016.	857.
State registration fees	6,565.		6,565.	
Total	\$ 3870917.	\$ 90,686.	\$ 163,663.	\$ 3,616,568.

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

To provide direct financial aid and other support and services to financially indigent cancer patients; to disseminate information concerning the early detection and prevention of cancer; to provide grants and gifts in kind to hospices, other health care providers, and to various non-profit community service organizations which aid the ill, needy and infants

Statement 3
Form 990, Part IV, Line 50
Receivables Due from Officers, Directors, Trustees, and Key Employees

Other Receivables	Balance Due
James T. Reynolds	\$ 360,405.
Total Other Receivables	\$ 360,405

Statement 4
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

Other Notes and Loans	Balance Due	Doubtful Accounts Allowance
Miscellaneous staff	\$ 3,039	\$ 0
Total Other Notes and Loans	\$ 3,039	\$ 0

2002

Federal Statements

Page 2

Client 1150

CANCER FUND OF AMERICA, INC.

58-1766061

9/04/03

07 39AM

Statement 4 (continued)
Form 990, Part IV, Line 51
Other Notes and Loans Receivable

Total Net Receivables \$ 3,039.

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 250,315.	\$ 98,320	\$ 151,995.
Furniture and Fixtures	1,645.	1,345.	300.
Machinery and Equipment	278,456	95,236.	183,220.
Buildings	672,731.	97,066	575,665.
Improvements	273,863	61,274	212,589
Land	130,303		130,303
Total	\$ <u>1,607,313</u>	\$ <u>353,241</u>	\$ <u>1,254,072</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

CSV OF LIFE INSURANCE

Total \$ 203,007
203,007

Statement 7
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Mortgages Payable	Balance Due
Bank One	\$ 389,159.
First Tennessee Bank	361,221.
Total Mortgages	\$ <u>750,380.</u>

Other Notes Payable

Lender's Name:	Chrysler Financial	
Relationship of Lender	None	
Date of Note	12/19/2001	
Maturity Date:	12/04/2004	
Repayment Terms	\$551.53 per month	
Security Provided:	2002 Chrysler Sebring	
Purpose of Loan	Auto loan	
Desc of Consideration	None	
Original Amount	19,855	
Balance Due		\$ 13,237

Client 1150

CANCER FUND OF AMERICA, INC.

58-1766061

9/04/03

07 39AM

Statement 7 (continued)
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	First Tennessee Bank	
Relationship of Lender:	None	
Date of Note	3/23/2001	
Maturity Date	3/23/2004	
Repayment Terms	\$665 00 per month	
Interest Rate	7 80%	
Security Provided:	2001 Oldsmobile Silhouette Van	
Purpose of Loan:	Auto loan	
Desc of Consideration	None	
Original Amount:	21,250.	
Balance Due:		\$ 9,381

Lender's Name:	First Tennessee Bank	
Relationship of Lender	None	
Date of Note	12/03/2001	
Maturity Date:	12/03/2004	
Repayment Terms	\$682.49 per month	
Interest Rate	6.50%	
Security Provided.	2002 Kia Sedona Van	
Purpose of Loan	Auto loan	
Desc of Consideration.	None	
Original Amount	22,238	
Balance Due		\$ 15,301.

Lender's Name:	First Tennessee Bank	
Relationship of Lender.	None	
Date of Note.	8/28/2001	
Maturity Date.	8/28/2004	
Repayment Terms.	\$671 84 per month	
Interest Rate	8 00%	
Security Provided	2001 Lincoln Town Car	
Purpose of Loan	Auto loan	
Desc of Consideration	None	
Original Amount	21,403	
Balance Due:		\$ 13,109.

Lender's Name	First Tennessee Bank	
Relationship of Lender:	None	
Date of Note	12/11/2001	
Maturity Date.	12/11/2004	
Repayment Terms:	\$529 41 per month	
Interest Rate.	6.50%	
Security Provided.	2002 Kia Optima	
Purpose of Loan.	Auto loan	
Desc of Consideration:	None	
Original Amount	17,250.	
Balance Due.		\$ 12,333.

Client 1150

CANCER FUND OF AMERICA, INC.

58-1766061

9/04/03

01 23PM

Statement 7 (continued)
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	Jefferson Pilot Life Insurance	
Relationship of Lender:	None	
Date of Note:	4/01/2002	
Maturity Date:	1/01/2006	
Repayment Terms:	\$1,700.00 per month	
Interest Rate:	2.00%	
Security Provided:	CSV of Life Insurance on Pres	
Purpose of Loan:	Working capital	
Desc of Consideration:	None	
Original Amount:	75,000.	
Balance Due:		\$ 58,539.

Lender's Name:	Bank One	
Relationship of Lender:	None	
Date of Note:	12/16/2002	
Repayment Terms:	Minimum payments	
Interest Rate:	3 25%	
Security Provided:	None	
Purpose of Loan:	Operating capital	
Desc of Consideration:	None	
Original Amount:	40,000	
Balance Due:		\$ 40,000

Total Other Notes Payable \$ 161,900.

Total \$ 912,280.

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

ACCRUED VACATION		\$ 24,314.
Total	\$	24,314.

Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
JAMES REYNOLDS 2901 BREEZEWOOD LANE KNOXVILLE, TN 37921	President 40	\$ 183,750.	\$ 50,000	\$ 0

Client 1150

CANCER FUND OF AMERICA, INC.

58-1766061

9/04/03

01 23PM

Statement 9 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
ROSE PERKINS 2901 BREEZEWOOD LANE KNOXVILLE, TN 37921	Vice President 40	\$ 127,050	\$ 20,040.	\$ 0
INEZ PRIGMORE 20402 FORK CREEK ROAD PHILADELPHIA, TN	Director None	0	0	0.
LOIS A. WELCH 7919 QUAIL RUN ROAD KNOXVILLE, TN 37938	Director None	0	0	0.
CAROL S. CRUZE 5500 JONES ROAD KNOXVILLE, TN 37918	Secretary None	0.	0	0
GARY FISH ,	Chairman None	0	0	0
MARIA LEWIS-SNIDER ,	Treasurer None	0	0.	0
JESS C. GROESBECK, M.D ,	MED. ADVISOR None	0.	0.	0.
GEORGE HOWE ,	GOVT. RELATIONS None	0.	0	0
Total		<u>\$ 310,800</u>	<u>\$ 70,040</u>	<u>\$ 0.</u>

Statement 10
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

To provide direct financial aid and other support and services to financially indigent cancer patients; to disseminate information concerning the early detection and prevention of cancer, to provide grants and gifts in kind to hospices, other health care providers, and to various non-profit community service organizations which aid the ill, needy and infants

Client 1150

CANCER FUND OF AMERICA, INC.

58-1766061

9/04/03

07 39AM

Statement 11
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
LIST RENTAL INCOME	\$ 129,946	\$ 130,208	\$ 258,659.	\$ 98,140	\$ 616,953
MISCELLANEOUS INCOME	7,944.	0	0.	0.	7,944.
OTHER REVENUE	750.	0.	0	0	750.
Total	<u>\$ 138,640.</u>	<u>\$ 130,208</u>	<u>\$ 258,659.</u>	<u>\$ 98,140</u>	<u>\$ 625,647</u>

Cancer Fund of America, Inc
Products Shipped
12/31/2002

Name	2002 Value
Mid State VNA & Hospice	6,781 38
Hospice of Greater Pittsburgh	13,002 15
Windber Hospice	7,163 20
The Right Foundation	5,065 54
Total HomeCare-Abington	8,111 98
Total Home Care-Clintwood	12,115 04
Independent Home Health	9,846 59
Childrens Cancer Foundation	8,109 14
Mountain Hospice	6,205 73
Physicians Total Rehab Found	13,305 01
Salvation Army	6,775 99
The Resource Center	5,719 16
Hamilton Hospice	7,102 11
Hutcheson Hospice	7,251 85
Hospice of CRMC	6,961 63
Blue-Gray Community Hospice	10,347 71
Friends of Hospice	5,132 83
NBLIC-Bessemer	30,374 57
New Beacon of Birmingham	6,530 88
Dawson Bapt CH-Miss Proj	19,038 44
NBLIC-Birmingham	23,416 44
UAB Hospice	8,971 39
New Beacon Hospice	7,377 30
Hospice of NW Alabama	7,125 72
Cherokee BMC Hospice	5,239 85
Hope Resource Center	10,804 08
Wiregrass Hospice	8,451 48
Wiregrass Hospice-Troy	6,323 96
Seasha-Nadine	23,989 69
SE AL Sickle Cell Assoc	5,315 70
South Cent AL Dev Comm	8,585 44
W AL Mental Health Human Resource	6,900 06
Wiregrass hospice-Phenix	7,578 66
Bradley Memorial Hospice	5,903 84
Hines Creek Church	11,856 22
Morristown Dialysis Clinic	9,734 38
Adventa Hospice	18,744 63
Calvary Baptist Church	7,072 38
The Salvation Army	5,244 11
Florence Crittenton Home	7,626 95
Baptist Hospice	13,862 78

Baptist Center	142,593 82
St Mary's Hospice	11,442 66
Hospice Care Plus	5,805 86
Knox Co Health Dept	5,868 42
CVDHD Hospice	7,998 73
Pineville Comm Hosp Assoc	8,327 97
KY Homeplace-Sandyhook	11,042 68
KY River Area Dev Dist	10,219 22
Green River Hospice	10,327 18
LCCS Services	311,913 56
Cancer Svcs of Del Co	5,094 88
VNA of Wisc-Hospice	5,126 75
Hospice Care Foundation	5,036 16
Osage Co Eldercare	5,995 35
Senior World Hospice	5,944 33
ACS Relay For Life	8,645.03
Mid-Lakes Hospice	6,584 21
Seminole County Eldercare	6,480 27
Cuero Medical Clinic	5,342 12
Harmony Hospice-Orem	6,293 06
Friendship Mission	44,980 20

=====

1,036,128 45

Shipments totalling < \$5,000 per organization	388,584 47
--	------------

=====

Total Hospices/NFP Organizations	1,424,712 92
----------------------------------	--------------

Total Shipments to Individuals	1,531,407 75
--------------------------------	--------------

=====

Total Products Shipped	2,956,120 67
------------------------	--------------

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer Identification number
	Cancer Fund of America, Inc.	58-1766061
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	2223 North 56th Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Mesa, AZ 85215	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **November 15, 2003**
- 5 For calendar year **2002**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Additional information is needed to file a complete and accurate return.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

Date

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

By

Date

Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Gevan C. Rudd, CPA
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	1423 S. Higley Rd. Suite 105
	City or town, province or state, and country (including postal or ZIP code)
	Mesa, AZ 85206